



Fiscal Edit Criteria Proposal

Drug/Drug Class:	Cold Sore Treatment Fig	scal Edit		
Prepared for: Prepared by:	Missouri Medicaid Heritage Information Systems, Inc.			
New Criteri	a	☐ Revision of Existing Criteria		
xecutive S	ummary			
Purpose:	Reduce utilization of prescription topical and oral antiviral products for the treatment of cold sores that result in minimal improvement.			
Why was this Issue Selected:	Topical and oral antiviral agents prescribed to treat cold sores can cost close to \$25 per prescription, while reducing cold sores by only one day. Usually treatment is initiated too late to have any significant effect in the duration of the cold sore.			
Program- specific information:	DrugDenavir TopicalValtrex Oral	Claims 3,440 10,105	Expense \$101,642 \$768,662	
Setting & Population:	Prescribed for Patients with cold sore eruptions.			
Type of Criteria:	☐ Increased risk of ADE☒ Effectiveness	☐ Non-Prefe	☐ Non-Preferred Agent☐	
Data Sources:	☐ Only administrative databases	☐ Databases supplied	☐ Databases + Prescriber- supplied	

Approval Criteria

- Documented Abreva treatment failure
- Documented ADE to Abreva
- Patient with prescription for oral antiviral DX = appropriate chronic diagnoses

Denial Criteria

- No adequate trail on reference drug
- Prescription claims for Denavir Topical will deny for prior authorization.
- Patient with prescription for oral antiviral and DX = acute viral infection

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Required Documentation				
Laboratory results: MedWatch form:	Progress notes:			
Disposition of Edit				
Denial: Exception 683 "Fiscal Edit"				
Client Approval				
Please have an authorized representative execute this PA criteria verifying receipt by the client and that all elements contained herein are understood.				
Client Name:				
Signature:				
Date:				

